



CITY OF CAMBRIDGE
MASSACHUSETTS

Water Department
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**Cross Connection Plan Approval
Backflow Prevention Device Design Data Sheet**

☐ A

Owner Information

Owner Name

Address

☐

Facility Information

Facility Name

Address

Contact Person/Agent

Telephone number of facility contact person

Is this facility ☐ New or ☐ Existing? (check one)

Describe generally the type of business or activities carried out at this facility:

☐ C

Device Data

Manufacturer

Model No.

Reduced Pressure Valve (RPBP)

Double Check Valve (DCVA)

Size

Hot or Cold Water Unit

Location of Device

Bypass Arrangement (yes or no?)

From what type of contamination is the water supply protected?

How many other RPBP and DCVA are located in this building?

Type of Gate Valve (Gate Valves under fire systems must be UL or FM approved.)

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D

Device Maintenance and Testing Schedules

Following is the maintenance and testing schedule of the above device(s). Please refer to 310CMR 22.22.

Reduced Pressure Zone (RPZ) twice per year by CWD

Double Check Valve Assembly (DCVA) once per year by CWD

E

Cross Connection Plan Submittal Requirements

A. Plumbing Plan:

1. Completed title block (name of facility, address, date, preparer, scale, etc.)
2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11") using accepted symbols and nomenclature, detailing:
 - Clearance in device installation
 - Location of upstream and downstream shutoff valves
 - Make, model, size and alignment of device
 - Location of potable water lines
 - System, source or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installations of device(s) involve large or complex plumbing systems, formal prints must be submitted with the appropriate MA. Professional Engineers stamp.

Submitted by

Of

Date

Telephone

Owner/Agent Signature

Date
